Fill	in this information to id	entify your ca	ase:								
Del	otor 1 Ja	ames P. Wa	altz								
	otor 2					_					
Uni	ted States Bankruptcy	Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	4	_					
Cas	e number 16-15811						Chec	ck if this is	:		
(If known)								An amended filing			
										ng postpetition ollowing date:	
<u>O</u>	fficial Form 1	<u>06l</u>					Ī	MM / DD/ `	YYYY		
S	chedule I: Yo	our Inc	ome								12/15
atta		this form.	r spouse is not filing w On the top of any additi								
١.	information.	nent		Debtor 1				Debtor	2 or non-fi	iling spouse	
	If you have more than		Employment status	■ Employed				☐ Employed			
	attach a separate page with information about additional employers.	_	Employment status	☐ Not employed			☐ Not employed				
			Occupation	engineer							
	Include part-time, sea self-employed work.	asonal, or	Employer's name	Solenis							
	Occupation may inclu or homemaker, if it ap		Employer's address	Wilmington							
			How long employed t	here? 4 years	1			_			
Pai	rt 2: Give Details	s About Mor	nthly Income								
	mate monthly income use unless you are sep		ate you file this form. If	you have nothing to re	eport for	any line,	write	e \$0 in the	space. In	clude your no	n-filing
-	ou or your non-filing spo e space, attach a sepa		ore than one employer, co	ombine the information	n for all e	employer	s for	that perso	on on the li	ines below. If	you need
						Fo	r De	btor 1		btor 2 or ing spouse	
2.			ry, and commissions (b calculate what the month		2.	\$	4	l,441.00	\$	N/A	
3.	Estimate and list mo	onthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Inc	ome. Add lir	ne 2 + line 3.		4.	\$	4.4	41.00	\$	N/A	

Debt	tor 1	James P. Waltz	_	Case	number (if known)	16-15	811		
				Fo	r Debtor 1		Debtor filing s		
	Con	y line 4 here	4.	\$	4,441.00	\$	iiiig 3	N/A	_
	006	y line 4 nere	••	*_	4,441100	<b>-</b>			<u></u>
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	786.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		N/A	<del>-</del>
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		N/A	_
	5e.	Insurance	5e.	\$_	0.00	\$		N/A	_
	5f.	Domestic support obligations	5f.	\$_	0.00	\$		N/A	_
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.⊣	- \$_ - \$	0.00	+ \$		N/A N/A	_
	_		_			· · ·			_
6. -		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ _	786.00	\$		N/A	_
7.	Caid	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ <sub>_</sub>	3,655.00	\$		N/A	<u>.                                    </u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b.	\$-	0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive		Ť_	0.00	<u> </u>		14/74	<u>-</u>
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		N/A	
	8d.	Unemployment compensation	8d.	- \$	0.00	\$ 		N/A N/A	_
	8e.	Social Security	8e.	\$	2,008.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive		· –		· —			<u>.                                    </u>
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	)						
		Specify:	8f.	\$	0.00	\$		N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$		N/A	<u> </u>
	8h.	Other monthly income. Specify: housemate social security	8h.+	- \$	855.00	+ \$		N/A	<u> </u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,863.00	\$		N/	A
4.0	٠.	A	40		2 - 1 - 2 - 1 -				
10.			10.   \$		6,518.00 + \$		N/A	= \$ _	6,518.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							
11.	Inclu othe	e all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your r friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:	depen		•	•	chedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					12.	\$	6,518.00
							Į.	Combi	
13.	Dον	ou expect an increase or decrease within the year after you file this form	?					month	ly income
		No.							
	П	Yes Explain:							

Fill	in this informat	tion to identify yo	our case:	·		1		
	tor 1	James P. Wa				Che	ck if this is: An amended filing	
	tor 2 buse, if filing)						· ·	wing postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the	: EASTE	RN DISTRICT OF PENNS	YLVANIA		MM / DD / YYYY	
	e number 16	i-15811						
		rm 106J	Evnon			1		
Be info	as complete a ormation. If m mber (if know		possible eded, atta ry questio	If two married people ar				
1.	Is this a join		iloiu					
	■ No. Go to		in a separ	ate household?				
	□ No	-	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	e <i>hold</i> of Deb	otor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						□ Yes □ No
								☐ Yes
								□ No □ Yes
								□ No
_	_							☐ Yes
3.	expenses of	enses include f people other t d your depende	han 👝	No Yes				
exp	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		n assistance an		government assistance in Cluded it on <i>Schedule I:</i> Y			Your exp	enses
4.		r home owners		ses for your residence. In	nclude first mortgag	e 4. S	B	0.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a. S	5	0.00
		rty, homeowner's	s, or renter	's insurance		4b. S	<b>S</b>	0.00
		=	•	upkeep expenses		4c. \$		0.00
5.		owner's associat nortgage paym		dominium dues <b>our residence,</b> such as ho	me equity loans	4d. 5	·	0.00
			,	,	1 9			

Debtor 1 James P. Waltz	Case number (if known) 16-15811
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <b>120.0</b>
6b. Water, sewer, garbage collection	6b. \$ <b>25.0</b>
6c. Telephone, cell phone, Internet, satellite, and cable service	
6d. Other. Specify: <b>propane</b>	6d. \$ <b>180.0</b>
7. Food and housekeeping supplies	7. \$ <b>500.0</b>
8. Childcare and children's education costs	
Clothing, laundry, and dry cleaning	· · · · · · · · · · · · · · · · · · ·
Personal care products and services	10. \$ 20.0
Medical and dental expenses	11. \$600.0
<ol><li>Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.</li></ol>	12. \$ <b>350.0</b>
3. Entertainment, clubs, recreation, newspapers, magazines, a	.=. +
Charitable contributions and religious donations	14. \$ <b>0.0</b>
<del>-</del>	υ.υ
<ol><li>Insurance.</li><li>Do not include insurance deducted from your pay or included in l</li></ol>	nes 4 or 20
15a. Life insurance	15a. \$ <b>45.0</b>
15b. Health insurance	15b. \$ <b>390.0</b>
15c. Vehicle insurance	15c. \$ 110.0
15d. Other insurance. Specify:	
· · · ·	
<ol><li>Taxes. Do not include taxes deducted from your pay or included Specify:</li></ol>	16. \$ <b>0.0</b>
7. Installment or lease payments:	10. ψ
17a. Car payments for Vehicle 1	17a. \$ <b>0.0</b>
17b. Car payments for Vehicle 2	17b. \$ <b>0.0</b>
17c. Other. Specify:	17c. \$ 0.0
17d. Other. Specify:	
3. Your payments of alimony, maintenance, and support that y	
deducted from your pay on line 5, Schedule I, Your Income (	
9. Other payments you make to support others who do not live	
Specify:	19.
Other real property expenses not included in lines 4 or 5 of the second control of	
20a. Mortgages on other property	20a. \$ <b>0.0</b>
20b. Real estate taxes	20b. \$ <b>0.0</b>
20c. Property, homeowner's, or renter's insurance	20c. \$ <b>0.0</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <b>0.0</b>
20e. Homeowner's association or condominium dues	
	·
1. Other: Specify:	21. +\$ 0.0
2. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ 2,690.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from 0	
22c. Add line 22a and 22b. The result is your monthly expenses	·
220. Add line 22a and 22b. The result is your monthly expenses	Ψ2,690.00
3. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Sched	ule I. 23a. \$ <b>6,518.0</b>
23b. Copy your monthly expenses from line 22c above.	23b\$ <b>2,690.0</b>
23c. Subtract your monthly expenses from your monthly income	).
The result is your monthly net income.	\$ <b>3,828.0</b>
24. Do you expect an increase or decrease in your expenses with	hin the year after you file this form?
For example, do you expect to finish paying for your car loan within the ye	ar or do you expect your mortgage payment to increase or decrease because
modification to the terms of your mortgage?	
■ No.	
☐ Yes. Explain here:	